

CHAPTER

3

REQUESTING A SLOT

In order to be enrolled in the MR/RD Waiver, the potential recipient must need the services and supports that can be provided through the MR/RD Waiver. As a Service Coordinator/Early Interventionist, you are responsible for assessing the recipient's needs and determining the service and supports required to meet the identified needs. If, after assessing the needs and identifying the required services and supports, you find that the MR/RD Waiver is an appropriate mechanism for funding all or some of the needed services and supports, a MR/RD Waiver slot should be requested.

If a potential recipient or his/her family, at any point in time, specifically requests enrollment in the MR/RD Waiver (or requests "nursing services"), a slot **MUST** be requested whether or not you agree with the assessment of needs [To be enrolled in the MR/RD Waiver, a person must be Medicaid eligible, meet ICF/MR Level of Care, choose the MR/RD Waiver and have needs that can be met through the provision of MR/RD Waiver services]. Furthermore, if a consumer/legal guardian contacts any local board/provider and requests waiver services, the application must be submitted regardless of whether or not there is an open case, whether or not they have been taken through eligibility, if they are awaiting Babynet eligibility, are not SCDDSN eligible, etc. In these cases, this should be noted on the application and sent according to instructions. A single plan, IFSP, or FSP is not required in these cases.

Since SCDDSN eligibility is not a criterion for MR/RD Waiver enrollment, being determined "not eligible" for SCDDSN services is not a sufficient reason for denying a MR/RD Waiver application/enrollment. An ICF/MR Level of Care determination must be made. SCDDSN eligibility through the MR/RD Division is solely based on the presence of Mental Retardation or a Related Disability, and the presence of Mental Retardation or Related Disability is required for someone to meet ICF/MR Level of Care. Therefore, if someone is not eligible for SCDDSN Services, he/she cannot meet ICF/MR Level of Care.

The Service Coordinator/Early Interventionist should complete the **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)** within three (3) working days of request of waiver services or determination that waiver services are needed and forward it to Mary Griddine, MR/RD Waiver Coordinator for District II located at Midlands Center (SCDDSN; Midlands Center; Sequoia Building; 8301 Farrow Rd; Columbia, SC 29203) along with a copy of the Global Assessment, Service Plan/IFSP/FSP (when applicable). Make sure that you include her name when sending the application to Midlands Center. If nursing services are requested, an order for nursing from the applicant's physician must accompany the application. The **Mental Retardation/Related Disabilities Waiver Information Sheet (MR/RD Info Sheet-1)** must be forwarded to the individual/legal guardian within three (3) working days of the request for waiver services.

If the application is for Residential Services through the MR/RD Waiver, please refer to, *Residential Slot Applications*, later in this chapter.

Once the District II MR/RD Waiver Coordinator has reviewed the Global Assessment, Service Plan/IFSP/FSP, the request is forwarded to Vicki Coleman, District I MR/RD Waiver Coordinator at Whitten Center. The District II MR/RD Waiver Coordinator has ten (10) working days to complete this process. The District II MR/RD Waiver Coordinator sends correspondence to the Supervisor, who signed the **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)**, stating that the request has been forwarded to the District I MR/RD Waiver Coordinator. If you have not received this notification within twelve (12) days of submission of the **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)**, please follow-up with the District II MR/RD Waiver Coordinator to ensure that the application was received.

The **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)** will be reviewed for approval by appropriate SCDDSN District staff. If a waiver slot is available and the slot request has been approved, the District I MR/RD Waiver Coordinator will complete the **Notice of Slot Allotment (MR/RD Form 5-Attachment 3, Chapter 6)**. This form will be forwarded to the Service Coordinator/Early Interventionist and the MR/RD Waiver Enrollment Coordinator. This notice serves as notification that a MR/RD Waiver slot has been awarded to the noted consumer. The MR/RD Waiver Enrollments Coordinator will notify the SCDHHS Eligibility Worker via the DHHS Form 118A that the consumer has been awarded a waiver slot and will proceed with processing the enrollment. It is the responsibility of the Service Coordinator/Early Interventionist to proceed with obtaining the Freedom of Choice Form (**Chapter 4**) and preparing and forwarding the Request for Level of Care (**Chapter 5**) to the Consumer Assessment Team.

If a MR/RD Waiver slot is not available, the consumer will be placed on the MR/RD Waiver Critical Waiting List or the MR/RD Waiver Regular Waiting List (**The Mental Retardation/Related Disabilities (MR/RD) Waiver Policy for Waiver Enrollment and Maintaining Waiting Lists** is included as Attachment 1 in this chapter). The consumer/family member/legal guardian will be notified in writing of this decision along with the Service Coordinator/Early Interventionist and the Service Coordination/Early Intervention Supervisor. The appeals/reconsideration process will be included with the written notification to the consumer/family member/legal guardian. When a slot becomes available for the consumer, the Service Coordinator/Early Interventionist will be notified by receiving the **Notice of Slot Allotment (MR/RD Form 5)**.

For Consumers moving from an ICF/MR into a MR/RD Waiver funded placement, SCDDSN Directive 738-01-DD: Procedures for MR/RD Waiver Slot Allocation and Enrollment for Consumers Discharged from Community ICFs/MR and Regional Centers should be utilized by the ICF/MR from which the consumer is exiting.

Residential Slot Applications:

If Residential Habilitation is an identified service that can meet the needs of a consumer seeking MR/RD Waiver services, a Report of Critical Circumstance must be submitted as outlined in SCDDSN Directive 502-05-DD. When the determination is made that the consumer is in a critical circumstance, they are placed on the Critical Needs Residential Waiting list. Once a consumer's name is placed on the Critical Needs List, a plan must be developed regarding his/her identified needs. The Community Residential Admissions/Discharge form must be completed and forwarded to the appropriate Assistant District Director (these procedures are outlined in SCDDSN Directive 502-01-DD and 502-05-DD). This process should begin either before or during the MR/RD Waiver applications process, not after. Section 3 of the **MR/RD Waiver Slot Allocation Request (MR/RD Form 30)** must indicate the type of proposed residential placement the consumer needs as well as the name and county of the residence, if known. For verification purposes, please indicate whether or not the critical process has been initiated

on the **MR/RD Waiver Slot Allocation Request (MR/RD Form 30)**. All MR/RD Waiver residential slot applications should be sent directly to Vicki Coleman, District I Waiver Coordinator, Whitten Center; P.O. Box 239; Clinton SC 39325.

Once the consumer's name is on the Critical Needs Residential Waiting List and the Community Residential Admissions/ Discharge form has been submitted and approved, the **MR/RD Notice of Slot Allotment (MR/RD Form 5)** is completed by DDSN District office staff and forwarded to the Service Coordinator.

If the consumer resides in an ICF/MR that is being converted into a CRCF or a CTH II, please indicate this in Section 3 of the **MR/RD Waiver Slot Allocation Request (MR/RD Form 30)**. Waiver applications should not be submitted for ICF/MR conversions more than 30 days prior to the scheduled conversion.

Consumers in SCDSS Custody:

If someone in SCDSS custody is determined to need services funded through the MR/RD Waiver or the foster parent requests waiver services, you must ask the SCDSS Caseworker to contact Charlie Wadsworth at SCDSS State Office (803-898-7286) to begin discussing funding issues.

Once you have asked the SCDSS caseworker to do this, you must notify the District I MR/RD Waiver Coordinator at Whitten Center (864-938-3520/via e-mail) of the individual's name, social security number, Medicaid number, the SCDSS caseworker's name, and your name along with completing the **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)**. A slot for this individual cannot be allocated until specific instruction is received from SCDDSN Central Office (all of these steps must be documented).

Requests for Review of Regular Waiting List Consumers for Critical Waiting List Consideration:

If during the time a consumer is on the MR/RD Waiver Regular Waiting list and their needs/situation change, they may need to be re-considered for placement on the MR/RD Waiver Critical Waiting list. In these circumstances, the Service Coordinator/Early Interventionist will need to communicate in writing the changes that have occurred, the new needs and how the Service Coordinator/Early Interventionist feels that the consumer is at risk for serious harm if services are not immediately provided. This information should be sent to the District I MR/RD Waiver Coordinator via e-mail or mail. This communication **should not include** a new **Request for MR/RD Waiver Slot Allocation (MR/RD Form 30)**. The Service Coordinator/Early Interventionist will receive written notification regarding the decision of whether or not the consumer meets the critical criteria for placement on the MR/RD Waiver Critical Waiting list. The consumer/legal guardian will also receive notification and the appeals/reconsideration process will be included.

Application Withdrawal/Request to be Removed from the MR/RD Waiver Waiting Lists:

If for some reason during the application process or while the consumer is waiting for a slot to become available, the consumer/legal guardian decides that they no longer wish to pursue MR/RD Waiver services, they must complete the **Statement of Individual Declining Waiver Services (MR/RD Form 20)**. This must be signed by the consumer/legal guardian along with the Service Coordinator/ Early Interventionist. A copy must be forwarded to the District I MR/RD Waiver Coordinator. The District I

MR/RD Waiver Coordinator will remove the consumer's name from the waiting list. A copy of the form should be provided to the consumer and the original placed in the consumer's file. If at a later time the consumer wishes to reapply for the MR/RD Waiver, a new **MR/RD Waiver Slot Allocation Request (MR/RD Form 30)** must be submitted according to the procedures outlined in this chapter.

Slot Conversions:

Once a consumer enrolls and receives services through the MR/RD Waiver, his/her Residential Placement does not determine the funding of the slot or access to MR/RD Waiver services. If a consumer receiving Residential Habilitation through the MR/RD Waiver chooses to move to another setting (home or otherwise) and continues to need MR/RD Waiver services, then MR/RD Waiver services will continue. However, for internal purposes and funding, SCDDSN Central Office must be notified of any change in slot status. Furthermore, if a MR/RD Waiver recipient has been approved for residential habilitation services, SCDDSN must be notified of the change in slot status. Notify SCDDSN by completing the **Request for MR/RD Waiver Slot Conversion (MR/RD Form 36)**. The MR/RD Form 36 is forwarded directly to the District I MR/RD Waiver Coordinator at Whitten Center (fax: (864) 938-3435. There is no need to include a copy of the Global Assessment, Service Plan/IFSP/FSP. Approval of the slot conversion will be communicated to the appropriate Service Coordination/Early Intervention Supervisor.

Mental Retardation/Related Disabilities (MR/RD) Waiver Policy for Waiver Enrollment and Maintaining Waiting Lists

Effective Date: August 1, 2007

Waiting List Management

The SCDDSN MR/RD Waiver Office is responsible for maintaining a current list of all MR/RD Waiver applicants. Applicants who meet the Critical Criteria as established by this policy will be placed on the Critical MR/RD Waiver Waiting List and will be enrolled in the MR/RD waiver based on the earliest referral date contingent upon available funding.

Applicants who do not meet the Critical Criteria will be placed on the Regular MR/RD Waiver Waiting List and will be enrolled in the MR/RD waiver based on earliest referral date. Applicants on the Regular MR/RD Waiver Waiting List will be processed for waiver enrollment when there are no current applicants on the Critical MR/RD Waiver Waiting List contingent upon available funding.

The following applicants will be given priority and may be enrolled in the MR/RD waiver without being placed on a waiting list:

- Those discharged from an ICF/MR. Enrollment process must begin within 30 days of discharge.
- Children in SCDSS custody for whom SCDSS has agreed to sponsor MR/RD Waiver enrollment.
- Those applicants who reside in or need DDSN-sponsored residential placement in order to receive waiver supports and services.

Critical Criteria

An applicant will be assigned to the Critical MR/RD Waiver Waiting List when he/she requires a service available thru the MR/RD Waiver which, if not provided, will likely result in serious and imminent harm;

AND

Has an immediate need for direct care or supervision, which directly relates to the persons disability;

OR

Has recently lost a primary caregiver or is at imminent risk of losing primary caregiver;

OR

Is ready for or has recently been discharged from a hospital and needs services immediately to prevent readmission.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REQUEST FOR MR/RD WAIVER SLOT ALLOCATION

Section 1: Participant Information

Date: _____

Name of Individual:		Social Security #:	
Address:		Medicaid #:	
		If none, has application been made? <input type="checkbox"/> yes <input type="checkbox"/> no	
Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Caregiver/Parent's Name if applicant under the age of 18:			
Where does the Individual currently reside:	<input type="checkbox"/> Family	<input type="checkbox"/> Residentially Placed _____	Location (SLP II...)
	<input type="checkbox"/> Independent Living	<input type="checkbox"/> ICF/MR	
	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Hospital	<input type="checkbox"/> DSS Custody/Foster Care	
	<input type="checkbox"/> Boarding Home	DSS Caseworker: _____	
<input type="checkbox"/> MR	<input type="checkbox"/> RD _____	<input type="checkbox"/> Autism	<input type="checkbox"/> At-Risk/High Risk
		<input type="checkbox"/> Not currently eligible	<input type="checkbox"/> Time Limited MR/RD

Section 2: Provider Information

SC/EI/QMRP (please circle appropriate title):	Provider:
Address:	
SC/EI Supervisor:	County:
District Office Representative (if applicable):	
FOR ICF/MR CONSUMERS ONLY	
Chosen Community Service Coordination Provider:	

Section 3: Request Information

Anticipated Residential Placement (After Waiver Enrollment):

TYPE OF PLACEMENT		FACILITY NAME AND COUNTY	TYPE OF SLOT REQUESTED	
At home with family	<input type="checkbox"/>		Family Support	<input type="checkbox"/>
Independent Living	<input type="checkbox"/>		Residential	<input type="checkbox"/>
SLP I	<input type="checkbox"/>		Critical Process Started, if applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	
SLP II	<input type="checkbox"/>		ICF/MR Conversion? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CTH I	<input type="checkbox"/>		Applicant on Aging Caregiver list? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CTH II	<input type="checkbox"/>		Applicant on Priority 1 waiting list? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CRCF	<input type="checkbox"/>			
Other	<input type="checkbox"/>			

Anticipated Waiver Funded Services	Anticipated Units Per Month or Needed Items	One-Time or Ongoing/Comments

Is the consumer currently enrolled in the Elderly and Disabled Waiver through CLTC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what services are they receiving:		
Is the consumer currently receiving Children's PCA from SCDHHS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how many hours per week?		
Is the consumer receiving Family Support Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, amount/month and services funded?		

NOT COMPLETED WHEN REQUESTING SLOT CONVERSION

Section 4: Indicate specifically how the services identified will assist the consumer and prevent the need for institutional placement. Include any information regarding the consumer's critical situation (do not repeat Waiver Service Definitions).

I verify that the Single Plan/IFSP/FSP has been reviewed and supports the request for MR/RD Waiver Services. ☐ The applicant does not yet have a plan to include.

Supervisor/District Office Representative/QMRP

Date

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUEST FOR MR/RD WAIVER SLOT CONVERSION

Section 1: Participant Information

Name of Individual:		Social Security #:	
Address:		Medicaid #:	

Section 2: Provider Information

SC/EI (please circle appropriate title):	Provider:
Address:	
SC/EI Supervisor:	County:

Section 3: Conversion Information

TYPE OF PLACEMENT		FACILITY NAME AND COUNTY	SLOT CONVERSION	
At home with family	<input type="checkbox"/>		Residential to Family Support	<input type="checkbox"/>
Independent Living	<input type="checkbox"/>		Family Support to Residential	<input type="checkbox"/>
SLP I	<input type="checkbox"/>			
SLP II	<input type="checkbox"/>			
CTH I	<input type="checkbox"/>			
CTH II	<input type="checkbox"/>			
CRCF	<input type="checkbox"/>			
Other	<input type="checkbox"/>			

Section 4: Slot Conversion Approval

Director of SCDDSN Cost Analysis/Designee	Date

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER-STATEMENT OF INDIVIDUAL DECLINING WAIVER SERVICES

Please Type or Print

Individuals Name: _____

Social Security Number: ____1____ 2____3____ - ____4____5____ - ____6____ 7____8____9____

I, _____, as recipient/legal guardian of recipient/family member of recipient, have decided at this time to not pursue enrollment in the MR/RD Waiver. I understand that declining participation now does not prohibit me from reapplying for the MR/RD Waiver in the future.

I understand that this decision does not directly affect my eligibility for other services available through the South Carolina Department of Disabilities and Special Needs.

Individual/Legal Guardian

Date

Service Coordinator

Date

Original: File Copy: Consumer/Legal Guardian and District I MR/RD Waiver Coordinator

Mental Retardation/Related Disabilities (MR/RD) Waiver Information Sheet

Prior to 1991, the Federal Medicaid program paid for services to SCDDSN consumers only if that person lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services to collaborate with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based Waiver program for people with Mental Retardation or Related Disabilities (MR/RD).

MR/RD Waiver Participation

To participate in the MR/RD Waiver, a person must:

- ✓ be diagnosed with Mental Retardation or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/MR.
- ✓ have needs that can be met by the MR/RD Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the MR/RD Waiver, choose to receive MR/RD Waiver services, and choose among qualified providers.

MR/RD Waiver Termination

MR/RD Waiver Enrollment is terminated when the recipient:

- ✓ is admitted to an ICF/MR or nursing facility.
- ✓ no longer meets ICF/MR Level of Care.
- ✓ is no longer eligible for Medicaid as determined by SCDHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the MR/RD Waiver.
- ✓ does not receive a MR/RD waiver service for 30 consecutive days.

Applying for MR/RD Waiver Services

- Regardless of the applicant's age, contact the Disabilities and Special Needs (DSN) Board in the county in which the applicant lives. This information can be obtained by contacting the SCDDSN Office of Community Education at (803) 898-9692.
- Inform the local Disabilities and Special Needs Board that you wish to apply for the MR/RD Waiver. The local DSN Board will be responsible for working with you to gather the information to complete the application.
- You will receive written response from SCDDSN regarding your MR/RD Waiver application.

Applying for DDSN Services

- For consumers 0-3, application must be made through Babynet. Contact information can be obtained by calling the Babynet Care Line 1-800-868-0404. Babynet eligibility/services does not have to be obtained in order to apply for the MR/RD Waiver.
- For consumers 3 and older, contact the Disabilities and Special Needs (DSN) Board in the county in which the applicant lives. This information can be obtained by contacting the SCDDSN Office of Community Education at (803) 898-9692 or at www.state.sc.us/ddsn/.
- If you are screened appropriate for consideration of eligibility, the local DSN Board will assist you with completing the eligibility process. Application for MR/RD Waiver Services can be made at this time.
- An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

A annual plan of services and supports **must** be completed once every 365 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Service Coordinator or Early Interventionist to make sure that your plan is completed at least once every year.

MR/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services can be limited due to provider availability in the recipient's county. A list of enrolled and qualified providers of MR/RD Waiver services can be located at the SCDDSN website (www.state.sc.us/ddsn/) or by contacting the local Disabilities and Special Needs Board in the county in which the recipient lives.

- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 18 or older).
- **Adult Attendant Care Services:** Assistance with activities of daily living and personal care for those participants that are able to self-direct their care.
- **Adult Day Health Care Services:** care furnished to someone 18 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care-Nursing Services:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/ wound care, tracheostomy care, tube feedings and nebulizer treatment.
- **Adult Dental Services:** extension of the Medicaid State Plan for adult recipients (21 or older).
- **Adult Vision Services:** extension of the Medicaid State Plan for adult recipients (21 or older).
- **Audiology Services:** extension of the Medicaid State Plan for adult recipients (21 or older).
- **Behavior Support Services:** services to assist people who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Day Habilitation Services:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills provided in a non-residential setting.
- **Environmental Modifications:** physical adaptations to the recipient's home which are necessary to ensure the health, welfare and safety of the recipient (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.) Lifetime cap of \$7500.00.
- **Nursing Services:** services provided within the scope of the SC's Nurse Practice Act as ordered by a physician. Nursing services cannot exceed 60 hours/week of LPN Services or 44 hours/week of RN Services.
- **Occupational Therapy Services:** treatment prescribed by a physician to develop, restore or improve functional abilities that have been limited by a physical injury, illness or other dysfunctional condition for adult recipients (21 or older).
- **Physical Therapy Services:** treatment prescribed by a physician to prevent, alleviate, or compensate for movement, dysfunction, and related functional problems for adult recipients (21 or older).
- **Personal Care Services (I and II):** assistance with personal care and activities of daily living for consumers 21 or older. Personal Care Services are available through the Medicaid State Plan for those under 21.
- **Prescribed Drugs:** the MR/RD Waiver provides two (2) prescriptions in addition to the Medicaid State Plan limit of four (4) for adult recipients. ***Not available for clients with Medicare Part D coverage.
- **Prevocational Services:** preparation for employment to include compliance, attendance, task completion, safety and problem solving.
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the recipient (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.). There is a limit of \$7,500.00 per vehicle with a lifetime cap of 2 vehicles.
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting.
- **Respite Services:** care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- **Specialized Medical Equipment, Supplies, and Assistive Technology Services:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available under the Medicaid State Plan that provides medical or remedial benefit to the recipient. Diapers and underpads are available for recipients 3 years old and older. There is a limit of 3 cases of diapers/month and 3 cases of underpads/month.
- **Speech and Language Pathology Services:** extension of the Medicaid State Plan for adult recipients (21 or older).
- **Supported Employment Services:** activities and services needed to sustain paid work including supervision and training.